CLAIMS ONLY							Application Number Filing Date Applicant(s)						
01.411.0				23-0			* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
3		ļ					52	ļ	_	ļ	ļ		
4				-			53 54	-	 		 		
5					_		55						
6				—			56 a						
7 8			· · · · · · · · · · · · · · · · · · ·	 		ļ	57 58				ļ		ļ
9						1.	59	 					
10							60						
11							61						
12			-				62	 	 				
14					-		64	 	 				
15							65				· ·		
16							66						
17 18						 	67 68	!	<u> </u>		<u> </u>		
19				-			69						
20							70						
21							71						
22							72 73	 					
24				<u> </u>			74	 					
25		,					75						
26						ļ	76						
. 27 28						 	77 78		 				•
29						 	79				 		
30							80						
31						1	.81						
32						├──	82 83		_				
34							84				<u> </u>		
35							85						
36 37							86	<u> </u>			ļ		
38					-		87 88		 				
39							89	<u> </u>				-	
40							90						
41						$\vdash \vdash \vdash$	91 92	<u> </u>	ļ				
43						 	93	1	 	<u> </u>		-	
44							94				-		
45							95						
46 47				·			96 97		ļ				
48						 	98	 		<u> </u>			
49							99						
50							100						
Total Indep	- 1		જ				Total Indep						
Total			77	<u> </u>	4	<u>'</u>	Total	-	<u>'</u>		<u> </u>		└ │
Depend	<u>. </u>					<u> </u>	Depend						
Total Claims			9				Total Claims						
Ciaiilis		لــنــا		L			Cianns	L	l	<u> </u>	L		